

STATE OF INDIANA                    )  
  )  
COUNTY OF \_\_\_\_\_ )

BEFORE THE INDIANA  
  
COMMISSIONER OF INSURANCE

**AFFIDAVIT TO WAIVE AUDIT**

Comes now, \_\_\_\_\_, after being duly sworn and states as follows:

1. My name is \_\_\_\_\_, and I am over eighteen years of age, and am competent to testify to the matters contained herein. I reside at \_\_\_\_\_, in \_\_\_\_\_, Indiana, and have personal knowledge of the facts contained herein.
2. I have operated as a Bail Agent in the State of Indiana since \_\_\_\_\_, \_\_\_\_\_.
3. I have not written any bonds in this state since \_\_\_\_\_, \_\_\_\_\_ thru the present date.
4. All premiums collected by agents working for me have been paid to me and I have forwarded those monies to \_\_\_\_\_ through its duly authorized agent.  
(Surety Company)
5. The above statements are true and correct to the best of my personal knowledge and belief.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature

Affiant \_\_\_\_\_

(Print)

STATE OF INDIANA                    )  
  )  
COUNTY OF \_\_\_\_\_ )

SS:

Before me the undersigned, a Notary Public for \_\_\_\_\_ County, State of Indiana, personally appeared \_\_\_\_\_, he being first duly sworn by me upon his oath, says that the facts alleged in the foregoing instrument are true. Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed

County of Residence: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Received from \_\_\_\_\_

Date \_\_\_\_\_

Received by \_\_\_\_\_